DRC INTEGRATED HIV/AIDS PROJECT

PERFORMANCE MONITORING AND EVALUATION PLAN

December 2009

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USAID/DRC Integrated HIV/AIDS prevention care and treatment service delivery program implemented by the PATH AIDSTAR Consortium

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMITIE	AIDS Mitigation Initiative to Enhance Care and Support in Bukavu, Lubumbashi and Matadi
AMO Congo	Avenir Meilleur pour les Orphelins au Congo
ART	Antiretroviral therapy
BDOM	Bureau Diocésain des Oeuvres Médicales
BCC	Behavior change communication
C-Change	Communication for Change
CIELS	Comité InterEntreprise de Lutte contre le Sida
CCLD/Midema	Corporate Commitment for Local Development/Minoterie de Matadi
DRC	Democratic Republic of Congo
DIVAS	Division des Affaires Sociales
ECC	Eglise du Christ au Congo
EU	European Union
GTZ	German Technical Cooperation
HCT	HIV Counseling and Testing
HMIS	Health Management Information System(s)
IHP	DRC Integrated HIV/AIDS Project
IR	Intermediate Result
M&E	Monitoring and Evaluation
MARP	Most At-Risk Populations
MINAS	Ministère des Affaires Sociales
MONUC	Mission des Nations Unies au Congo
MSH/SPS	Management Sciences for Health/Strengthening Pharmaceutical Systems
MOH	Ministry of Health
MOPH	Ministry of Public Health
NGO	Nongovernmental organization
OVC	Orphans and vulnerable children
PEPFAR	US President's Emergency Plan for AIDS Relief
PALS/FARDC	Programme de l'Armée de Lutte contre le Sida/Forces Armées de la RDC
PLWHA	People Living With HIV/AIDS
PMEP	Performance Monitoring and Evaluation Plan

PMILS/PNC	Programme du Ministère de l'Intérieur de Lutte contre le Sida/ Police Nationale Congolaise
PMTCT	Prevention of Mother to Child Transmission
PNLS	Programme National de Lutte contre le SIDA
PNMLS	Programme Nationale Multi-Sectorielle de Lutte contre le SIDA
PSI/ASF	Population Services International/ Association Santé Familiale
TB	Tuberculosis
UCOP+	Union Congolaise des Organisations des Personnes vivant avec le VIH
UNC	University of North Caroline
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations of High Commission Refugees
UNPC	Union Nationale de la Presse Congolaise
TOT	Training of Trainers
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization
WFP	World Food Program

SECTION I.

A. Introduction and Project Description

The objective of the DRC (Democratic Republic of Congo) Integrated HIV/AIDS Project (IHP) is to reduce incidence and prevalence of HIV and mitigate its impact on people living with HIV/AIDS (PLWHA) and their families. We will achieve this objective by: improving HIV/AIDS prevention, care and treatment services in the selected areas; increasing community involvement in health issues and services beyond facility-level services through sustainable community-based approaches; increasing the capacity of government and local civil-society partners — and thereby empowering new local organizations — to plan, manage, and deliver quality HIV/AIDS services. We will use these objectives as a strategic guideline for linking project activities to results.

This document presents the monitoring and evaluation (M&E) plan for the project. It includes a brief project description, strategic approaches, Results Framework, the five-year indicators and targets, and the Performance Monitoring and Evaluation Plan (PMEP). For the DRC IHP team, the performance monitoring plan is a critical tool for planning, managing, and documenting data collection. It contributes to the effectiveness of the performance monitoring system by ensuring that comparable data will be collected on a regular and timely basis. Given the recent guidance from the US Agency for International Development (USAID), the development of the new partnership indicator framework, and our plans to refine the first year work plan and budget, it is expected that we will continue to refine the PMEP indicators and targets to ensure that our work is aligned with expectations and the project scope of work. The DRC IHP team is dedicated to working with USAID, DRC stakeholders, and counterparts to review the project results, refine indicators, identify the best sources of data and data collection to ensure quality, and identify necessary modifications and adjustments as the project progresses.

A1. Critical Assumptions Necessary for Project Success

Identifying critical assumptions is an important part of developing a PMEP because assumptions serve to identify what can ultimately be situations, issues, and necessary conditions that are beyond a project's control. Below are a number of assumptions that the project team believes will promote a realistic and achievable project along with a responsive PMEP. Our assumptions include:

- Goals and objectives of the DRC national government and USAID are adequately aligned to allow the facilitation, support, and implementation of project activities as planned.
- There is a common understanding between PROVIC, USAID, and implementing partners on terminology. Specifically, 'care' is understood as including palliative care, medical referrals, home-based care, and certain types of clinical care. 'Support' is understood as including psychosocial and spiritual support, economic strengthening, nutritional support, educational support, shelter, and facilitation of legal protection. 'Treatment' is understood as including antiretroviral procurement, clinical care related to treatment with antiretrovirals, treatment of opportunistic infections, and follow-up.

- Partners and grantees will implement and support project activities in good faith and adhere to work plans and schedules as determined in their individual agreements.
- In areas where the project is working through communities or government teams, those teams are willing to collaborate, support, exchange expertise, and ultimately take ownership for activities initially funded through the project.
- The national health management information system (HMIS) will be functional at the facility level to allow the project access to the reporting necessary for the project to measure its progress.
- As baselines and data are made available, targets and achievements may shift or change to improve implementation of project activities.

SECTION II.

A. Project Results Framework

The project objective is to reduce the incidence and prevalence of HIV/AIDS and mitigate its impact on PLWHA and their families. Based on the scope of work of the project and the objectives outlined by USAID, we have developed three project results that together will contribute to the attainment of the overall project objective. The project objective in turn feeds into the US government's overall strategic goal for improved basic health conditions for the Congolese people.

The Project Results Framework depicts the project's development hypothesis and the causal relationships between the sub-intermediate results, intermediate results, and project objective. It demonstrates how the project intends to reach its overall project objective through achievement of its three intermediate results. We believe that if HIV counseling and testing (HCT) and prevention services are expanded and improved in target areas (Result 1); Care, support, and treatment for PLWHA and orphans and vulnerable children (OVC) are improved in target areas (Result 2); and Strengthening of health systems are supported (Result 3), together, these results will generate the higher-level outcome, the Project Objective: Incidence and prevalence of HIV/AIDS reduced and its impact on PLWHA and their families mitigated. In order to achieve each of the three results, we have proposed intermediate results. Our project activities are linked to the intermediate results and have been designed to help the project achieve the project's expected higher-level results. Beyond providing an organizing structure for activities, the Results Framework serves as a link between the work plan and the Performance Monitoring and Evaluation Plan (PMEP). For each result and intermediate result, we have aligned previously established USAID performance indicators with our activities. For the majority of these performance indicators, we have proposed specific targets and articulated how we will collect and analyze data and share information. The PMEP will accurately and directly measure the project's progress towards results. The project team also acknowledges that the PMEP is a living document and process that may need to evolve to capture other critical indicators of interest to USAID and its stakeholders.

A1. Description of Results and Intermediate Results

Result 1 : HIV counseling and testing (HCT) and prevention services expanded and improved in target areas

Under Result 1, the DRC integrated HIV/AIDS projects will depend on community engagement to increase the effectiveness of HCT and prevention services while specifically targeting most at-risk populations (MARP) in communities in each of the four geographical zones in which it plans to work. The project will increase the uptake of testing services, improve access to HCT services at the community level, coordinate with other projects to use behavior change communication (BCC) messaging to encourage testing and other prevention strategies, and enhance prevention of mother-to-child transmission of HIV (PMTCT) services currently offered.

Intermediate Results:

1.1 Communities' ability to develop and implement prevention strategies strengthened.
1.2 Community-based and facility-based HCT services increased and enhanced.
1.3 PMTCT services improved.

Result 2: Care, support, and treatment for people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC) improved in target areas

Under Result 2, the project will target PLWHA, OVC, and their communities. Activities will be centered around the community, and we will adopt the US government's (USG) strategy of integrating palliative care into the framework of the family-centered continuum of HIV services. The project will aim to strengthen palliative care for PLWHA, including clinical and non-clinical support. The project will also improve support for OVC, including developing and implementing a comprehensive package of support.

Intermediate Results:

2.1 Palliative care strengthened.
2.2 Care and support for OVC strengthened.

Result 3: Strengthening of health systems supported

Under Result 3, the project will support health system strengthening by supporting the increased capacity of provincial governments, primarily in the areas of planning, budgeting, and management of programs. The project will support counterparts in understanding new roles and responsibilities and provide assistance in training them in national norms and guidelines that flow down to the provincial level. The project will also work to improve the capacity of nongovernmental (NGO) service providers to ensure adequate coverage at the community level. Finally, the project will support the strengthening of strategic information systems at the community and facility levels so that there is sufficient information to allow evidence-based programming and policymaking.

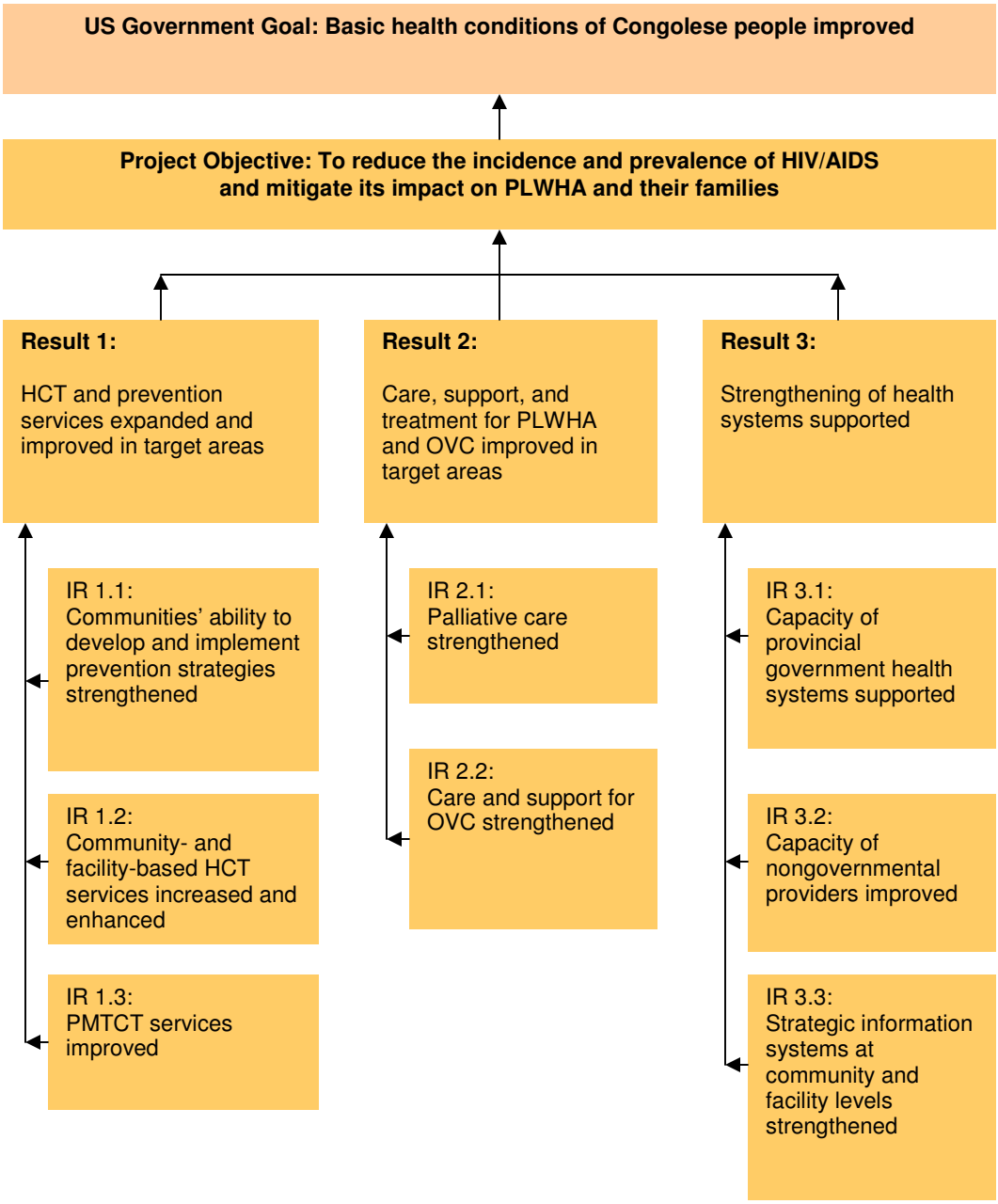
Intermediate Results:

3.1 Capacity of provincial government health systems supported.
3.2 Capacity of nongovernmental (NGO) providers improved.

3.3 Strategic information systems at community and facility levels strengthened.

Please find the Project Results Framework below.

Results Framework
DRC Integrated HIV/AIDS Project



IR = Intermediate Result.

B. Project Monitoring and Evaluation Strategy

The DRC Integrated HIV/AIDS Project Performance Monitoring and Evaluation Plan is a tool that articulates the project's approach to ongoing systematic M&E throughout the lifecycle of the project. The PMEP will help organize the reporting of critical indicators and ensure a standardized strategy for reporting on project results. M&E strategy is driven by four key principles:

1. **Alignment with existing DRC government M&E frameworks:** Cognizant of the importance of all HIV/AIDS work being coordinated under the national M&E framework, the project will work closely with Programme National de Lutte contre le SIDA (PNLS), Programme National Multisectoriel de Lutte contre le SIDA (PNMLS), the Ministry of Public Health, and the Ministry of Social Affairs to ensure that project indicators are harmonized with national indicators, definitions, and methods of measurement and reporting, where appropriate and applicable, and that data collection and reporting systems are coordinated with these institutions' own M&E for HIV/AIDS, general health HMIS, and OVC.
2. **Stakeholder involvement is maximized:** The project team is committed to working with other stakeholders, including USAID and projects and partners such as Population Services International (PSI), the AXxes project, Communication for Change, Management Sciences for Health/Strengthening Pharmaceutical Systems (MSH/SPS), etc., to develop indicators and targets and coordinate on data collection and reporting to avoid double-counting and improve data quality
3. **Data quality is ensured:** The project team will utilize a multi-layered data collection system to allow collection of data at the community, service delivery, and health systems strengthening levels. Data collection methods and procedures, along with appropriate capacity-building efforts, will be implemented with partners conducting work under the PROVIC contract. Data quality assessments and verification activities will be conducted periodically to ensure efficient and effective management of USAID funds.
4. **Data are used to improve the program:** The project team will work to share and exchange M&E data with USAID; project partners; stakeholders; counterparts at the provincial, district, and facility levels; and community partners to identify problems and causes, refine strategies, document best practices, and improve overall project performance.

B1. Monitoring and Evaluation Team

The project M&E team consists of the M&E Officer Denise Ndagano, three M&E regional specialists, the Deputy Director, and technical assistance provided by PATH M&E specialists. Other project technical staff will contribute to the data collection and analysis process, and will be instrumental in using the data generated for decision-making. The team will work side by side with project partners both at the community and facility levels to ensure that necessary data are generated, collected, and fed into the project's data management system. The project team will provide continuous on-the-job training and supervise those doing the facility and community reporting to ensure that the collected reports are accurate and consistent.

B2. Mobilization of the Performance Monitoring and Evaluation Plan

The project recognizes that development and implementation of the project PMEP is reliant on collecting, analyzing, and sharing existing data to ensure that we can develop indicators that are fully harmonized with both USAID and national and sub-national counterparts. In 2007 and 2008, a Global Fund to Fight AIDS, Tuberculosis and Malaria-sponsored analysis conducted of existing DRC M&E structures and systems identified key strengths and weaknesses that will be addressed as we implement the project M&E strategy and specific M&E strengthening activities. From discussions to date with stakeholders and earlier evaluations, a key obstacle for the project to address as we develop our M&E plan is the lack of reliable and consistent M&E data that are available in real time. To that end, we have proposed a series of activities that will help the project gather critical data to inform the PMEP and set in place a collaborative structure to gather, analyze, and share M&E data that are both generated by our planned activities and sought by our project team from other implementing partners.

B3. Detailed Performance Monitoring and Evaluation Plan Development Activities

Activity 1: Complete recruitment of project M&E Officer and regional M&E specialists. Denise Ndagano joined the project in January 2010 as the M&E Officer based in the Kinshasa project office. Ms. Ndagano began working right away with the team on initial baseline assessments and meeting with counterpart organizations. It is anticipated that recruitment of the three regional M&E specialists will be completed by March 2010.

Activity 2: Orient national and provincial stakeholders to project M&E. In November 2009, the project team, led by the Chief of Party and Deputy Chief of Party and technical leads, began working with key national and provincial stakeholders. These stakeholders include but are not limited to PNLS, PNMLS, PNSR (the Ministry of Health National Reproductive Health Program), PNT (the Ministry of Health National Tuberculosis Program), PRONANUT (the Ministry of Health National Nutrition Program), health zones, and implementing partners. The main purpose of these initial meetings has been to orient stakeholders to the project. We also have been creating linkages between the project's M&E objectives and those of the partner organizations. As these relationships develop, Ms. Ndagano will work with specific M&E counterparts to vet project indicators, facilitate the exchange of pertinent baseline data, and identify synergies between the project M&E system and those of national and sub-national organizations in order to identify the best and most efficient methods of collecting, analyzing, and exchanging data.

Activity 3: Conduct baseline assessments in the project's three results areas. In an effort to strengthen project understanding of the existing technical and measurement contexts, by the end of February 2010, technical leads will have conducted a baseline assessment. Data from the assessment will help the project better understand specific gaps or areas where more reliable data are needed to estimate future targets. The general objective of the assessment is to identify the basic situation in terms of health, demographic, and administrative data in the existing

health facilities and health zones for potential intervention by PROVIC in Bukavu, Kinshasa, Lubumbashi, and Matadi. The following specific objectives include:

- Collecting and analyzing basic quantitative and qualitative data relating to PMTCT, HCT, and care and support in the health facilities and potential health zones for intervention by PROVIC.
- Identifying gaps in the services offered under the PMTCT, HCT, and care and support components implemented by field operators, and proposing strategies for intervention to close those gaps.
- Determining the management capacities available in the intermediary structures (provinces, districts) in terms of supervisory staff, and health care providers in the health zones in terms of planning, monitoring, supervision, and coordination of integrated activities pertaining to HIV/AIDS control.
- Identifying partners and the types of intervention needed in order to secure synergy in the HIV/AIDS activities in a given health zone.

Activity 4: **Use existing national stakeholder working groups to build M&E synergy.** In late January 2010, Ms. Nagano will begin to convene working groups among specific national-level partners such as PNLS, PNMLS, the Ministry of Social Affairs, and other critical groups (see Appendix 4) to ensure that there is a consistent mechanism for vetting and aligning project performance indicators and baseline assessment data and a forum to discuss project results and use of data for decision-making.

Activity 5: **Align M&E collection and reporting needs with USAID implementing partners.** Since November 2009, project team members continue to meet with key USAID implementing partners, including Family Health International, PSI, Catholic Relief Services, and MSH/SPS, to identify key data-sharing opportunities. These meetings are critical for the baseline data-gathering process, and to ensure that where indicators are aligned, data collection, analysis, and sharing can happen in a uniform manner without taxing existing community-based groups, nongovernmental organizations (NGOs), facilities, and health zone management teams. It is expected that implementing partners will continue to be integrated into discussions and national stakeholder working groups, with one key aim being to ensure better quality and efficiency in reporting of national HIV/AIDS M&E data.

Activity 6: **Strengthen the capacity of health zone management teams and community-based health providers** Beginning in July the team led by the System Strengthening and the M&E Specialists will work to improve data collection, analysis and reporting skills by integrating M&E into a series of trainings on topics covering training in formative and transformative supervision, leadership and Management. Health Zone Management teams will be involved in the Needs Assessment whose outcome will be used to develop new or update existing curricula. A Data Management training to be launched in will also provide tools and basic equipment to assist health zone management teams capture data more efficiently and effectively.

Activity 7: Provide USAID with an updated PMEP which incorporates baseline data. By the end of March 2010, the project will present an updated PMEP to USAID, which will include information from the completed baseline, steps taken to align the PMEP indicators with national and sub-national stakeholder agencies, and additional, confirmed indicators and targets not previously confirmed.

B4. Monitoring

The monitoring system will provide timely information to assess progress toward targets and timelines to meet the needs of stakeholders and program staff. The project's M&E system will be closely linked to the Ministry of Health HMIS in that it will use some of the data generated through the existing HMIS, particularly at the facility level, while also collecting additional data from community-based and other providers not linked to the national HMIS. It is recognized that the Ministry of Health information system needs strengthening and that its users—front-line service providers and community health workers—need additional capacity-building. Through both our health systems strengthening component and our day-to-day work with service providers, we will seek to strengthen the capacity to manage data. The team also recognizes the need to avoid duplication of existing systems so will maximize the use of existing reporting forms at health zones, health facilities, and community service points. Where new reporting tools have to be introduced, they will be designed to both minimize placing additional burden on data entrants and create a streamlined and efficient system that is linked to the national HMIS.

The DRC PROVIC team and its partners will collect data reflecting activities in facilities and communities and supporting the strengthening of health systems. Data will be stored in a project database and analyzed regularly, and the results disseminated to stakeholders, partners, and counterparts. The team will use existing monitoring tools and mechanisms such as facility registries, health zone management team reporting forms, and partner reporting forms (e.g., Catholic Relief Services' PLWHA/OVC monitoring form) to measure output and outcome indicators related to care and support. For a detailed list of expected output indicators, please see Appendix 1. At a minimum, data will be collected and analyzed quarterly and reported biannually in accordance with the reporting guidelines of the US President's Emergency Plan for AIDS Relief (PEPFAR). As part of capacity-building activities for the sub-grantees, all monitoring reports will be assessed for completeness and data quality. Technical assistance will be provided as needed to ensure accurate reporting. The project will develop systems that capture facility-based clinical services and community-based services, as well as training events that take place as part of the project.

B5. Collaboration with partner agencies and organizations

As highlighted in our work plan, implementation of the PMEP will depend heavily on developing meaningful linkages with the many groups of actors including national and provincial governmental agencies, donors, and local NGOs and other health projects. Along with harmonizing agendas and activities, the project Chief of Party, Deputy Chief of Party and M&E officer will help forge linkages with M&E counterparts and systems. Ultimately, through regular communication, transparency, sharing and encouraging joint work, the project will also champion how partners can more effectively get the data we need for decision making and to track progress against critical result indicators. Aligned with our efforts to implement an

effective PMEP, we will collaborate with the PNLS, PNMLS, Ministry of Health and Ministry of Social Affairs. Key USG partners will also be approached to share PMEPs and data including PSI, AXxes, C-Change, MSH/SPS and UNC/Kinshasa School of Public Health. Key donors along with USAID, will include the Global Fund, UNAIDS and the Clinton Foundation.

The project will work with both M&E counterparts and leadership among key national and subnational to ensure that data generated from project activities is efficiently shared at all levels and is used for decision making. The project will work within the current context of how data is shared (see Appendix 5) recognizing that there are two systems to share data, one capturing data from health facilities and communities (Appendix 5, Fig. 1) and one capturing OVC data (Appendix 5, Fig. 2). Ultimately, PROVIC will play a key catalyst and facilitator role to strengthen the capacity of PNMLS to coordinate and to ensure that not only data are captured and reported from ProVIC and other partners' sites, but that both data streams are analyzed together and programming synergies are identified. The M&E officer along with the regional M&E specialists will also ensure that the different types of data (see Appendix 4) generated from facilities, communities, NGOs and partners are analyzed, interpreted and shared among local counterparts.

B6. Capacity-Building

The primary way to ensure data quality, avoid gaps and double-counting, and strengthen capacity across all organizations will be to support and strengthen existing government management information systems. The project will not establish or maintain parallel M&E systems, but whenever possible, will strengthen those that already exist. An initial assessment will be conducted of the existing monitoring systems at both the community and facility levels to develop a plan for addressing weaknesses, and regular meetings will be facilitated between stakeholders at various levels of the reporting systems. Through its field-based M&E team, the DRC PROVIC team will build the capacity of facility-based providers in monitoring and recordkeeping by providing on-the-job training on effectively utilizing and not duplicating the Ministry of Health's HMIS or its data collection forms, as well as mechanisms used by PNLS, health zone management teams, and health facilities.

In addition, the DRC IHP team will work with nongovernmental partners to build the capacity of community organizations to use M&E by conducting on-the-job training and regular supervision. To avoid gaps and double-counting, the M&E team will call regular meetings with counterparts at the district, provincial, and central levels to discuss issues in monitoring, including providing some technical assistance to Ministry of Health staff in proper reporting and data collection. The M&E specialists will provide continuous on-the-job training and supervise reporting to ensure that data and reports are accurate and consistent. The M&E specialist will lead all efforts to identify weaknesses in the systems and to actively share lessons with USAID and PNLS.

B7. Data Quality Assurance

Data quality assurance will be built into the reporting systems at all levels of the project. In accordance with USAID ADS 203, the project team will adhere to data quality standards to ensure that quantitative and qualitative data meet basic criteria associated with validity, integrity, precision, reliability, and timeliness. PEPFAR's *Data Quality Assurance Tool for Program-Level*

Indicators will be used as a guide to regularly review data quality, with special emphasis placed on accuracy, reliability, completeness, precision, timeliness, and integrity. The project team will conduct data quality assessments through its regular meetings with the stakeholders to discuss results, and will also visit facilities and communities to validate data. Internal project data quality assessments will ensure that:

- Written procedures are in place for data collection.
- Data are collected from year to year using a consistent collection process.
- Data are collected using methods to address and minimize sampling and non-sampling errors.
- Data are collected by qualified personnel who are properly supervised.
- Duplicated data are detected.
- Safeguards are in place to prevent unauthorized changes to the data.
- Source documents are maintained and readily available.

Five basic practices DRC IHP will employ to ensure data quality:

- Institute project-based data verification teams.
- Periodically sample and review raw data.
- Review partner reports to verify consistency.
- Conduct biannual spot checks.
- Conduct audits of financial information.

Data quality requirements will also be included in any statement of work associated with DRC PROVIC grants, subcontracts, or formal agreements. When feasible, key implementing partners will be required to submit activity-level PMEPs to ensure basic standards of data quality.

B8. Deliverables and Reports

The project team will submit mid-year and annual performance reports to the TOCOTR no later than March 31st for mid-year reports and October 31st for annual reports. These reports will document major actions taken during the reporting period and cover activities proposed in the PMEP. The project team will respond to requests from USAID for data to be included in its Annual Portfolio Reviews. Data and other information will be provided annually. Results reports will include results, challenges, and issues. A workplan will also be developed on an annual basis and submitted to USAID no later than 30 days after the beginning of the new fiscal year.

B9. Evaluation

As the PMEP is formalized, the project team is committed to working with USAID and project counterparts to explore evaluation questions and strategies necessary to report on specific activities that require USAID or its stakeholders to make judgments or decisions to improve effectiveness and/or inform decisions about current and future programming. Using monitoring data, the project will conduct trend analysis to inform project management decisions and compare current data with available historical data to demonstrate the project's contribution toward project results and indicator targets. In addition, once the project has conducted initial assessments, it is envisioned that special studies may be conducted over the course of the project lifecycle to complement project activities by providing data on improving program

implementation components such as gaps in the referral system and adherence issues, in consultation with USAID and ministry priorities. The project also anticipates conducting a rigorous endline assessment and helping USAID coordinate a final project evaluation that will allow the project to examine changes that occurred in key indicators over the life of the project.

Appendix 1. Performance Monitoring and Evaluation Plan matrix

The following PMEP includes key PEPFAR indicators in accordance with USAID Mission and PEPFAR guidance. The targets for each indicator are provisional and reflect thinking for the first two years of the project. Over the course of the first six months of implementation, the project conducted initial assessments to help the team understand baselines, clarify targets, and in some cases, add, eliminate, or refine indicators to reflect the agreed-upon scope of work contracted under this procurement. For all changes proposed, the project solicited feedback from USAID.

The project also recognized that further thought and discussion was needed around draft indicators that were proposed by USAID in the Mission's Partnership Framework Implementation Plan Targets document (which was received at the end of November 2009). To maintain a rapid pace during project start-up, the project had incorporated the majority of these indicators into the PMEP. In a few cases, we believe more discussion is needed with USAID on how our project's scope and budget will actively contribute to a specific indicator. For these cases, we have included these indicators in Appendix 2, along with comments for USAID's consideration. Reporting for all finalized indicators will be disaggregated by age, gender, sub-group, and when possible, sero-status, as per the draft PEPFAR Next Generation Indicators Reference Guide.

DRC Integrated HIV/AIDS Project
Performance Monitoring and Evaluation Plan Matrix

No.	PEPFAR Next Generation Reference	Indicator	Target Yr. 1	Target Yr. 2	Target Yr. 3	Target Yr. 4	Target Yr. 5	Partner/ Responsible Party for Data Collection	Data Source	Data Collection Schedule	Frequency of Reports
Project Objective: To reduce the incidence and prevalence of HIV/AIDS and mitigate its impact on people living with HIV/AIDS and their families											
Result 1: HIV counseling and testing and prevention services expanded and improved in target areas											
IR 1.1: Communities' ability to develop and implement prevention strategies strengthened											
1	P8.1.D	Number of the targeted population reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required	345,000	460,000	TBD	TBD	TBD	Community Mobilization Specialist	NGO Activity PLWHA/OVC Survey Report PNLS Reports[1]	Monthly	Biannually
2	P8.3.D	Number of MARP reached with individual and/or small group-level interventions that are based on evidence and/or meet the minimum standards	28,500	40,000	TBD	TBD	TBD	Community Mobilization Specialist	NGO Activity PLWHA/OVC Survey Report Activity reports from PSI, CS Matonge	Monthly	Biannually
3	P8.6.D	Percentage of target population reached (number of people reached by channel [radio or television]) divided by the estimated size of the target population	25%	50%	TBD	TBD	TBD	Community Mobilization Specialist	Facility Reports and Health Zone Management Team Monthly Reports and NGO Monthly Reports	Monthly	Biannually
3	N/A Output Indicator	Number of Communities participating in the Champion Community approach	4	40	TBD	TBD	TBD	Community Mobilization Specialist	NGO Activity PLWHA/OVC Survey Report	Monthly	Biannually
4	N/A Output Indicator	Percentage of communities reaching 80% or more of their planned M&E targets	0%	40%	60%	78%	90%	Community Mobilization Specialist	NGO Activity PLWHA/OVC Survey Report	Monthly	Biannually
5	N/A Output	Research/knowledge gaps identified with key	Yes					Community Mobilization	NGO Activity PLWHA/OVC	Monthly	Biannually

[1] Data concerning the four provinces: Bas Congo, Katanga, Kinshasa, and Sud Kivu.

No.	PEPFAR Next Generation Reference	Indicator	Target Yr. 1	Target Yr. 2	Target Yr. 3	Target Yr. 4	Target Yr. 5	Partner/ Responsible Party for Data Collection	Data Source	Data Collection Schedule	Frequency of Reports
	Indicator	stakeholders, including PNLS, PNMLS, and Ministry of Social Affairs delivered (Yes or No)						Specialist	Survey Report		

No.	PEPFAR Next Generation Reference	Indicator	Target Yr. 1	Target Yr. 2	Target Yr. 3	Target Yr. 4	Target Yr. 5	Partner/ Responsible Party for Data Collection	Data Source	Data Collection Schedule	Frequency of Reports
IR 1.2: Community- and facility-based HCT services increased and enhanced											
6	P11.1.D	Number of individuals who received HCT services and received their test results	144,700	200,000	TBD	TBD	TBD	Prevention and HCT Specialist	Facility Reports and Health Zone Management Team Monthly Reports and NGO Monthly Reports	Monthly	Biannually
7	N/A Output Indicator	Number of HCT centers using recommended guidance, protocols, and job aids for counseling and testing	40	60	TBD	TBD	TBD	Prevention and HCT Specialist	Project Reports and Verification Team and NGO Monthly Reports	Monthly	Quarterly
8	N/A Output Indicator	Number of peer supporters promoting HCT, PMTCT, and other services	200	500	TBD	TBD	TBD	Prevention and HCT Specialist	Project Reports and Verification Team and NGO Monthly Reports	Monthly	Quarterly
IR 1.3: PMTCT services improved											
9	P1.3.D	Number of health facilities providing antenatal care services that include both HIV testing and antiretrovirals for PMTCT on site	24	25	TBD	TBD	TBD	PMTCT Specialist	Facility Reports	Monthly	Biannually
10	P1.1.D	Number of pregnant women who were tested for HIV and know their results (outcome)	11,500	23,000	TBD	TBD	TBD	PMTCT Specialist	Facility Reports and Health Zone Management Team Monthly	Monthly	Biannually

No.	PEPFAR Next Generation Reference	Indicator	Target Yr. 1	Target Yr. 2	Target Yr. 3	Target Yr. 4	Target Yr. 5	Partner/ Responsible Party for Data Collection	Data Source	Data Collection Schedule	Frequency of Reports
									Reports		
11	P1.2.D	Number of HIV-positive pregnant women who received ART to reduce risk of mother-to-child transmission	130	326	TBD	TBD	TBD	PMTCT Specialist	Facility Reports and Health Zone Management Team Monthly Reports	Monthly	Biannually
12	C4.1.D	Percentage of infants born to HIV-positive women who received an HIV test within 12 months of birth	5%	10%	TBD	TBD	TBD	PMTCT Specialist	Facility Reports and Health Zone Management Team Monthly Reports	Monthly	Biannually
13	C4.2.D	Percentage of infants born to HIV-positive women who were started on cotrimoxazole prophylaxis within two months of birth	20%	30%	TBD	TBD	TBD	PMTCT Specialist	Facility Reports and Health Zone Management Team Monthly Reports	Monthly	Biannually
14	N/A Output Indicator	Number of facility-based service providers trained through PMTCT cascade training	200	250	TBD	TBD	TBD	PMTCT Specialist	PMTCT training session report, Facility Reports and Health Zone Management Team Monthly Reports	Monthly	Biannually
Result 2: Care, support, and treatment for people living with HIV/AIDS and orphans and vulnerable children improved in target areas											
IR 2.1: Palliative care strengthened											
15	C1.1.D	Number of eligible adults and children provided with a minimum of one care service	18,500	33,000	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Partner Monthly Reports	Monthly	Biannually
16	C2.1.D	Number of HIV-positive adults and children receiving a minimum of one clinical service	18,500	33,000	TBD	TBD	TBD	Community-based Care and Support Specialist	Facility Reports and Health Zone Management Team Monthly Reports and NGO Monthly Reports	Monthly	Biannually
17	C2.2.D	Number of HIV-positive persons receiving cotrimoxazole prophylaxis	8,600	15,400	TBD	TBD	TBD	Community-based Care and Support	Facility Reports and Health Zone Management	Monthly	Biannually

No.	PEPFAR Next Generation Reference	Indicator	Target Yr. 1	Target Yr. 2	Target Yr. 3	Target Yr. 4	Target Yr. 5	Partner/ Responsible Party for Data Collection	Data Source	Data Collection Schedule	Frequency of Reports
								Specialist	Team Monthly Reports		
18	C2.4.D	Percentage of HIV-positive patients screened for TB[2] in HIV care and treatment settings	70%	80%	TBD	TBD	TBD	Community-based Care and Support Specialist	Facility Reports and Health Zone Management Team Monthly Reports	Monthly	Quarterly
19	C2.5.D	Percentage of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	8%	12%	TBD	TBD	TBD	Community-based Care and Support Specialist	Facility Reports and Health Zone Management Team Monthly Reports and NGO Monthly Reports	Monthly	Biannually
20	C3.1.D	Number/percentage of TB patients who had an HIV test result recorded in the TB register	60%	60%	60%	60%	60%	Community-based Care and Support Specialist	Facility Reports and Health Zone Management Team Monthly Reports	Monthly	Quarterly
21	T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART[3]	500	550	TBD	TBD	TBD	Community-based Care and Support Specialist	Facility Reports and Health Zone Management Team Monthly Reports	Monthly	Biannually
22	T1.2.D	Number of adults and children with advanced HIV infection receiving ART	450	860	TBD	TBD	TBD	Community-based Care and Support Specialist	Facility Reports and Health Zone Management Team Monthly Reports	Monthly	Biannually
23	T1.3.D	Percentage of adults and children with HIV known to be alive and on treatment 12 months after initiation of ART	NA	95%	TBD	TBD	TBD	Community-based Care and Support	PNMLS/PNLS Survey	Biannually	Biannually
24	N/A Output	Number of referrals for ART	500	550	TBD	TBD	TBD	Prevention and HCT Specialist	Facility Reports and Health Zone	Monthly	Quarterly

[2] TB = Tuberculosis.
[3] ART = Antiretroviral therapy.

No.	PEPFAR Next Generation Reference	Indicator	Target Yr. 1	Target Yr. 2	Target Yr. 3	Target Yr. 4	Target Yr. 5	Partner/ Responsible Party for Data Collection	Data Source	Data Collection Schedule	Frequency of Reports
	Indicator								Management Team Monthly Reports		
26	P7.1.D	Number of PLWHA reached with a minimum package of prevention with Prevention with Positives interventions	8,600	15,500	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Partner Monthly Reports	Monthly	Biannually
27	C5.1.D	Number of eligible clients who received food and/or nutrition in accordance with PEPFAR, national guidelines, and food and nutrition guidelines	10,600	18,400	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Monthly Reports	Monthly	Biannually
28	C5.7.D	Number of eligible adults and children provided with economic strengthening services	2,100	7,750	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Monthly Reports	Monthly	Biannually
29	C2.3.D	Number of HIV-positive, clinically malnourished clients (PLWHA) who received therapeutic or supplementary food	1,850	3,300	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Monthly Reports	Monthly	Biannually
30	N/A Output Indicator	Number of positive living guides and educational materials disseminated to targeted PLWHA network members	14,100	21,100	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Monthly Reports	Monthly	Biannually
31	N/A Output Indicator	Number of facility-based staff trained in providing a comprehensive palliative care package (RFTOP)	1,700	1,890	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Monthly Reports	Monthly	Biannually
32	N/A Output Indicator	Number of PLWHA reached with information promoting awareness of PLWHA protection law	4,700	7,050	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Monthly Reports	Monthly	Biannually
IR 2.2: Care and support for OVC strengthened											
33	C5.3.D	Number of eligible children provided with health care referral	3,700	6,000	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Activity PLWHA/OVC Survey Report	Monthly	Biannually
34	C5.4.D	Number of eligible children	3,700	6,000	TBD	TBD	TBD	Community-	NGO Activity	Monthly	Biannually

No.	PEPFAR Next Generation Reference	Indicator	Target Yr. 1	Target Yr. 2	Target Yr. 3	Target Yr. 4	Target Yr. 5	Partner/ Responsible Party for Data Collection	Data Source	Data Collection Schedule	Frequency of Reports
		provided with education and/or vocational training						based Care and Support Specialist	PLWHA/OVC Survey Report		
35	C5.6.D	Number of eligible adults and children provided with psychological social or spiritual support	9,250	33,000	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Activity PLWHA/OVC Survey Report	Monthly	Biannually
36	C5.5.D	Number of eligible adults and children provided with protection and legal aid services	19	35	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Activity PLWHA/OVC Survey Report	Monthly	Biannually
37	C5.1.D	Number of eligible clients (OVC) who received food and/or nutrition in accordance with PEPFAR, national guidelines, and food and nutritional guidelines	3,700	7,000	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Activity PLWHA/OVC Survey Report	Monthly	Biannually
38	N/A Output Indicator	Number of OVC service providers in targeted areas that adhere to OVC service delivery guidelines (output)	5	8	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO Activity PLWHA/OVC Survey Report	Monthly	Biannually
39	N/A Output Indicator	Proportion of OVC showing improvement (as measured through child status and well-being tools)	25%	33%	TBD	TBD	TBD	Community-based Care and Support Specialist	NGO and Catholic Relief Services reporting tool	Quarterly	Biannually
40	N/A Output Indicator	Revised OVC policy	Yes	N/A	N/A	N/A	N/A	Community-based Care and Support Specialist	Policy document and project activity report	Monthly	Biannually
Result 3: Strengthening of health systems supported											
IR 3.1: Capacity of provincial government health systems supported											
41	H5.3.N	Percentage of health facilities providing ART that experienced stock-outs of antiretrovirals in the last 12 months	50%	40%	TBD	TBD	TBD	Capacity-Building Specialist	Zonal Health and Health Facility Reports	Quarterly	Biannually
42	N/A Output Indicator	Number of capacity-building plans approved with provincial government counterparts	4	4	TBD	TBD	TBD	Capacity-Building Specialist	Project activity reports	Quarterly	Biannually

No.	PEPFAR Next Generation Reference	Indicator	Target Yr. 1	Target Yr. 2	Target Yr. 3	Target Yr. 4	Target Yr. 5	Partner/ Responsible Party for Data Collection	Data Source	Data Collection Schedule	Frequency of Reports
43	N/A Output Indicator	Number of evidence-based policies and guidelines developed with project assistance	3	5	TBD	TBD	TBD	Capacity-Building Specialist	Project activity reports	Quarterly	Biannually
IR 3.2: Capacity of nongovernmental providers improved											
44	H2.3.D	Number of health care workers who successfully completed an in-service training program	400	800	TBD	TBD	7010	Capacity-Building Specialist	Project training reports	Quarterly	Biannually
45	N/A Output Indicator	Number of NGOs receiving gender awareness training of trainers	5	8	TBD	TBD	TBD	Capacity-Building Specialist	Project training reports	Quarterly	Biannually
46	N/A Output Indicator	Percentage of targeted NGOs that receive training to provide or ensure continuity of services to OVC and/or PLWHA	100%	100%	TBD	TBD	TBD	Capacity-Building Specialist	Project training reports	Quarterly	Biannually
47	N/A Output Indicator	Percentage of targeted CCCs adequately trained in organizational development, M&E, and technical areas	100%	100%	TBD	TBD	TBD	Capacity-Building Specialist	Project training reports	Quarterly	Biannually
IR 3.3: Strategic information systems at community and facility levels strengthened											
48	H7.3.N	Percentage of health facilities with recordkeeping systems for monitoring HIV/AIDS care and support	60%	80%	TBD	TBD	TBD	M&E Specialist	Facility Reports and Health Zone Management Team Monthly Reports	Monthly	Quarterly
49	N/A Output Indicator	Number of data collection teams (provincial to community) using common/approved data collection instruments	20	26	TBD	TBD	TBD	M&E Specialist	Facility Reports and Health Zone Management Team Monthly Reports	Quarterly	Biannually
50	N/A Output Indicator	Number of facilities successfully implementing quality assurance mechanisms (job aids, self-evaluation, peer review tools, feedback sessions)	5	20	TBD	TBD	TBD	Health Systems Strengthening Specialist	Facility Reports and Health Zone Management Team Monthly Reports	Biannually	Biannually

Appendix 2. Proposed Partnership Framework Implementation Plan Indicators, Targets and Justification

The following matrix lists all proposed partnership framework implementation plan indicators that will be tracked by the project. In cases where there are new proposed targets, we include a justification for USAID to illustrate how the project determined the basis of our figures.

PMEP Indicator	Proposed Targets	Justification Notes for Targets
Result 1: HIV counseling and testing and prevention services expanded and improved in target areas		
IR 1.1: Communities' ability to develop and implement prevention strategies strengthened		
Number of the targeted population reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required	**Yr 1.** 345,000 **Yr 2.** 460,000	The project covers 26 health zones with an estimated population of 50,000 (conservative) per zone (1,150,000). 10% increase in Years 2 and 3. The team feels it is achievable through multiple channels. Targets are aligned with PNLS 2008 baseline data, reporting 3,579,276 reached.
Number of MARP reached with individual and/or small group-level interventions that are based on evidence and/or meet the minimum standards	**Yr 1.** 28,500 **Yr 2.** 40,000	Targets are as presented in the USAID DRC Partnership Framework Implementation Plan Targets. In 2009, the province of Katanga reported only 25,128 MARPs sensitized (MAP and PSI/Association Santé Familiale).
Percentage of target population reached (number of people reached by channel [radio or television]) divided by the estimated size of the target population	**Yr 1.** 25% **Yr 2.** 50%	Targets are as presented in the USAID DRC Partnership Framework Implementation Plan Targets.
IR 1.2: Community- and facility-based HCT services increased and enhanced		
Number of individuals who received HCT services and received their test results	**Yr 1.** 144,700 **Yr 2.** 200,000	Targets are as presented in the USAID DRC Partnership Framework Implementation Plan Targets. 2008 PNLS baseline: 74,518. This is a follow-one program of the FHI, Project that ended in September 2009. We estimate doubling the target the first year, and reaching 200000 the 2nd year.
IR 1.3: PMTCT services improved		
Number of health facilities providing antenatal care services that include both HIV testing and antiretrovirals for PMTCT on site	**Yr 1. 24** **Yr 2. 25**	For the first year, the project will implement activities in 24 PMTCT sites including 9 AXxes sites and 15 others sites. Considering planned activities around PMTCT cascade training in Boma, Kinshasa, and Matadi. PNLS baseline statistic: 254.
Number of pregnant women who were tested for HIV and know their results (outcome)	**Yr 1. 11,500** **Yr 2. 23,000**	Targets reflect a later-than-expected start to the project, which will be made up in the second year. 2008 PNMLS baseline: 104,187. *1st (2nd sem.) & 2nd year:* *24sites × 480women/year = 11,500 women*
Number of HIV-positive pregnant women who received ART to reduce risk of mother-to-child transmission	**Yr 1. 130** **Yr 2. 326**	Proposed targets: Year 1 - 130, Year 2 - 326. Targets were discussed with USAID on Jan 28th and reduced to reflect realistic assumptions, both for the PMEP and the COP. 2008 PNMLS baseline: 1,184. *"19% know their status" & "Prevalence HIV:1.9%": 11500women × 1.9%= 219 women* 60% in year1 and 75% in year2 of positive women will benefit of ARV prophylaxis
Percentage of infants born to HIV-positive women who received an HIV test within 12 months of birth	**Yr 1. 5%** **Yr 2. 10%**	Based on the result of the needs assessment, less than 5% were tested. The first year target is 5% and we will reach 10% for the second year.

Percentage of infants born to HIV-positive women who were started on cotrimoxazole prophylaxis within two months of birth	**Yr 1. 20%** **Yr 2. 30%**	Based on difficulties of couple mother-infant follow up, we will cover 20% of infants with cotrimoxazole prophylaxis and will increase the proportion to 30% during the second year.

PMEP Indicator	Proposed Targets	Justification Notes for Targets
Result 2: Care, support, and treatment for people living with HIV/AIDS and orphans and vulnerable children improved in target areas		
IR 2.1: Palliative care strengthened		
Number of eligible adults and children receiving a minimum of one clinical service	**Yr 1.** 18,500 **Yr 2.** 33,000	This indicator includes both PLWHA and OVCs. The targets are based on AMITIE project achievements in its zones (Bukavu, Matadi and Lubumbashi), with 7,623 OVC (3,861 males and 3,762 females), 4,279 PLHIV (1,263 males and 3,016 females). It is noted that in the first year, ProVIC will continue working with the same partners as AMITIE with the same beneficiaries. Given the fact that Kinshasa (which was not covered by AMITIE) is highly populated and one of the hotspot target areas, ProVIC is targeting more in the capital through potential partnerships with local partners.
Number of HIV-positive adults and children receiving a minimum of one clinical service	**Yr 1.** 18,500 **Yr 2.** 33,000	
Number of HIV-positive persons receiving cotrimoxazole prophylaxis	**Yr 1.** 8,630 **Yr 2.** 15,400	According to the 2008 PNLS report for all four provinces (Bas Congo, Katanga, Kinshasa, Sud Kivu), the number is 3,059. This indicator is under-reported. For the first year of its implementation, the project will hopefully reach double of this baseline
Percentage of HIV-positive patients screened for TB in HIV care and treatment settings	**Yr 1.** 70% **Yr 2.** 80%	Baseline data not available (never reported). Targets were reduced from the RFTOP to reach a reasonable assumption.
Percentage of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	**Yr 1.** 8% **Yr 2.** 12%	For this indicator we are basing our assumption on reliable data from "Pédiatrie de Kalembelembe" 8%
Number/percentage of TB patients who had an HIV test result recorded in the TB register	**Yr 1.** 60% **Yr 2.** 60%	Targets are as presented in the USAID DRC Partnership Framework Implementation Plan Targets.
Number of adults and children with advanced HIV infection newly enrolled on ART[4]	**Yr 1.** 500 **Yr 2.** 550	Targets are as presented in the USAID DRC Partnership Framework Implementation Plan Targets. PNLS baseline data from 2008 show a national baseline of 14,478 for the four provinces. Prevalence: 4% (FHI HCT centers experience) and 15% of HIV+ are eligible for ART Performance expected 58% of eligible for treatment to be enrolled 145,000 tested X4%X15%X58%=500 persons 1st year Enrollment in subsequent years will be reduced, 2nd year will consider 45% instead of 58%

[4] Reaching this target will depend on the ability of other partners who are providing ARV's to do this effectively. The extent of ProVIC's responsibility lies in the advocacy role it will assume to support the supply of ARV's.

Number of adults and children with advanced HIV infection receiving ART	**Yr 1. 4**50 **Yr 2.** 860	Based on 2008 PNLS report for all four provinces, the number is 14,478. The number is cumulative with follow up expected at 10%, assuming that in the 1st year 450 will be receiving ART and 860 in the 2nd year.
Number of referrals for ART	**Yr 1.** 500 **Yr 2.** 550	
Percentage of adults and children with HIV known to be alive and on treatment 12 months after initiation of ART	**Yr 1.** NA **Yr 2.** 95%	The project will review its support to the Ministry of Health for the entire treatment component. Baseline data is not available (World Health Organization). This indicator needs a cohort study.
Number of PLWHA reached with a minimum package of prevention with Prevention with Positives interventions	**Yr 1.** 8,600 **Yr 2.** 15,500	Targets presented in the USAID DRC Partnership Framework Implementation Plan Targets and original RFTOP have been reduced for the first year in light of startup challenges which led to some delays.
Number of eligible clients who received food and/or nutrition in accordance with PEPFAR, national guidelines, and food and nutrition guidelines	**Yr 1.** 10,600 **Yr 2.** 18,400	As per AMITIE's achievements in its three targets area: 4,507 nutrition kits were distributed to OVC, including 2,180 to male OVC and 2,327 to female OVC. ProVIC is reaching almost the same beneficiaries (less than covered by AMITIE) but starting in the second semester, we hope to double this by identifying strong partners in Kinshasa
Number of eligible adults and children provided with economic strengthening services	**Yr 1.** 2,100 **Yr 2.** 7,750	Partnership Framework Implementation Plan Targets. Baseline data: 2,120 (AMITIE[5], 2009).
Number of HIV-positive, clinically malnourished clients (PLWHA) who received therapeutic or supplementary food	**Yr 1.** 1850 **Yr 2.** 3300	Partnership Framework Implementation Plan Targets. Baseline data: 4507 (AMITIE, 2009).

[5] AMITIE = AIDS Mitigation Initiative to Enhance Care and Support in Bukavu, Lubumbashi and Matadi.

PMEP Indicator	Proposed Targets	Justification Notes for Targets
IR 2.2: Care and support for OVC strengthened		
Number of eligible children provided with health care referral	**Yr 1.** 3,700 **Yr 2.** 6,000	The target of "Number of eligible adults and children receiving a minimum of one clinical service" has impacted all subsequent indicators
Number of eligible children provided with education and/or vocational training	**Yr 1.** 3,700 **Yr 2.** 6,000	The target of "Number of eligible adults and children receiving a minimum of one clinical service" has impacted all subsequent indicators
Number of eligible adults and children provided with psychological social or spiritual support	**Yr 1.** 9,250 **Yr 2.** 33,000	The target of "Number of eligible adults and children receiving a minimum of one clinical service" has impacted all subsequent indicators.
Number of eligible adults and children provided with protection and legal aid services	**Yr 1.** 19 **Yr 2.** 35	The target of "Number of eligible adults and children receiving a minimum of one clinical service" has impacted all subsequent indicators
Number of eligible clients (OVC) who received food and/or nutrition in accordance with PEPFAR, national guidelines, and food and nutritional guidelines	**Yr 1.** 3,700 **Yr 2.** 7,000	The target of "Number of eligible adults and children receiving a minimum of one clinical service" has impacted all subsequent indicators
Result 3: Strengthening of health systems supported		
IR 3.1: Capacity of provincial government health systems supported **IR 3.2: Capacity of nongovernmental providers improved**		
Percentage of health facilities providing ART that experienced stock-outs of antiretrovirals in the last 12 months[6]	**Yr 1: 50%** **Yr 2: 40%**	The needs assessment has shown frequent stock-out of ARV provided by Global Fund and World Bank (MAP). Based on the level of advocacy ProVIC provides to those partners, Year 1 target can be 50% and we expect to reduce to 40% the year 2.
Number of health care workers who successfully completed an in-service training program	**Yr 1.** 400 **Yr 2.** 800	Based on project's projected ability to train 100 health care workers per health zone in Years 1 and 2 using a training-of-trainers model.
IR 3.3: Strategic information systems at community and facility levels strengthened		
Percentage of health facilities with recordkeeping systems for monitoring HIV/AIDS care and support	**Yr 1.** 60% **Yr 2.** 80%	Targets are estimated and will be verified once the final selection of sites is established
Number of data collection teams (provincial to community) using common/approved data collection instruments	**Yr 1.** 20 **Yr 2.** 25	For the first year, a total of 20 data collection teams will be targeted in the 26 health zones of ProVIC. We will consider all the 26 health zones for the second year.

[6] Reaching this target will depend on the ability of other partners who are providing ARV's to do this effectively. The extent of ProVIC's responsibility lies in the advocacy role it will assume to support the supply of ARV's.

Appendix 3. Partner Collaboration Matrix

Partners	The Aim of Collaboration	Types of Information to be Shared	Mechanism for Coordination	Frequency
State Institutions				
PNMLS/Presidency/Prime Minister's Office	Capacity-building for coordination; policy formulation; and guidelines	Evolution/course of the disease in intervention sites; mapping/ intervention, policies/norms/ standards, gaps, tools; priority needs of program; intervention strategies and directives	Coordination meetings, sharing of lessons learned, joint planning, working sessions and meetings with national counterparts	Monthly, quarterly, annually
PNLS	Idem	Evolution/course of the disease in intervention sites; mapping/ intervention, policies/norms/ standards, gaps, tools; priority needs of the program; intervention strategies and directives	Coordination meetings, sharing of lessons learned, joint planning, working sessions and meetings with national counterparts	Monthly, quarterly, annually
Ministry of Health	Designing norms and policies, guidelines; capacity-building	Health-related directives and policies; priorities of the program	Meetings convened by the Ministry, visits, meetings with specialized programs (PNSR, PRONANUT, PNAMES)	As needed
Ministry of Social Affairs	Implementing activities defined in the plan of action for OVC; determining high-risk groups; defining the OEX package	Evolution/course of the disease in intervention sites; mapping/ intervention, policies/norms/ standards, gaps, tools; priority needs of the program; intervention strategies and directives	Coordination meetings, sharing of lessons learned, joint planning, working sessions and meetings with national counterparts	Monthly, quarterly, annually
Ministry of Gender and the Family	Incorporation of gender issues into activities	Gender-related policies; directives, tools, and strategies	Working sessions with the Ministry, joint planning of activities	As needed
Education	Identifying, developing, and disseminating BCC messages within specific groups	Mapping interventions, gaps, tools; priority needs of the program; intervention strategies	Meetings, joint planning, follow-up and joint supervision	Monthly, quarterly, annually
Congolese Armed Forces	Supporting their AIDS control program through PSI	Identifying the organizational pattern adopted for AIDS control; mapping interventions; sources of funding; needs	Meetings, working sessions, progress reports, joint planning	Weekly, monthly, quarterly
Police Nationale Congolaise	Supporting their AIDS control program through PSI	Identifying the organizational pattern adopted for AIDS control; mapping interventions; sources of funding; needs	Meetings, working sessions, progress reports, joint planning	Weekly, monthly, quarterly
Kinshasa School of Public Health	Developing a protocol for research, investigation, baseline surveys, integration of sites	Reports of surveys and investigations conducted among high-risk groups	Meetings, exchange of information, working sessions	Monthly, quarterly

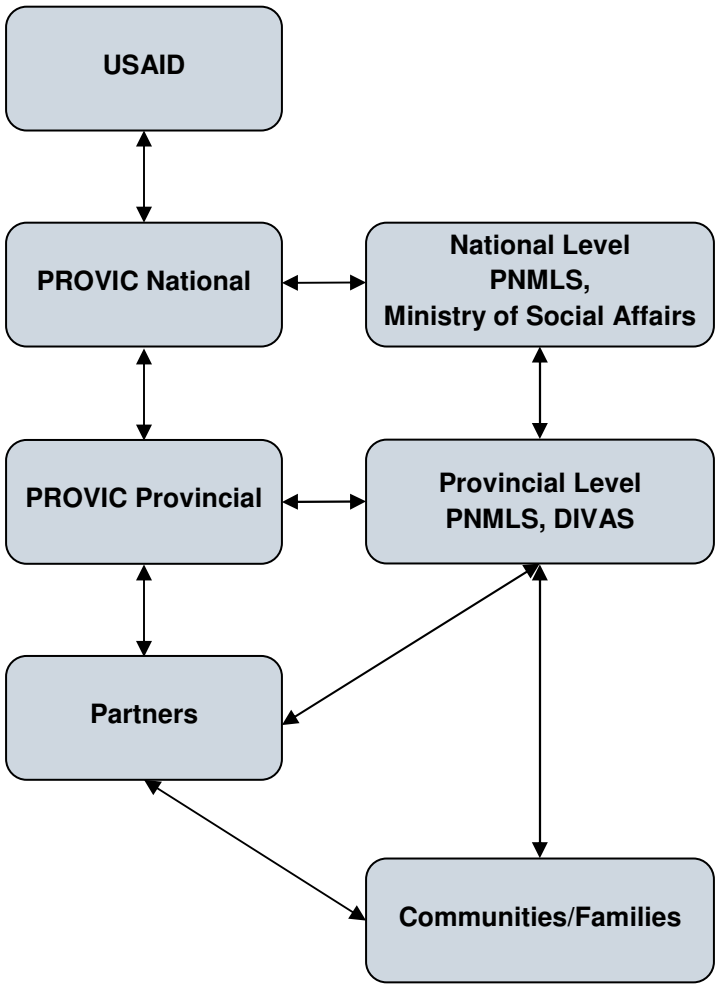
Partners	The Aim of Collaboration	Types of Information to be Shared	Mechanism for Coordination	Frequency
General Reference Hospital in Kiamvu	PMTCT/PF, CDV, PLWHA	Progress reports; work plan; project proposals	Working sessions, joint planning of activities, mid-term and annual reviews, regular field visits	Monthly
Reference Health Center in Mvuzi	PMTCT/PF, CDV, PLWHA	Progress reports; work plan; project proposals	Working sessions, joint planning of activities, mid-term and annual reviews, regular field visits	Monthly
Matonge Health Center through PNLS	Supporting their AIDS control program through PSI			
United Nations Agencies				
United Nations Children's Fund	Gathering information and securing collaboration for PMTCT and OVC, MII; access to potable water; programs for displaced persons	Experiences with PMTCT and OVC; reports; mapping of interventions	Exchange of experiences, meetings, working sessions	Quarterly
Country Coordination Mechanism/Global Fund to Fight AIDS, Tuberculosis and Malaria	Learning the mapping of intervention and gaps; complementarity, synergy, capacity-building	List of entities engaged in HIV-related activities under the sponsorship of the Global Fund	Working sessions, harmonization of intervention programs, exchange of information	Quarterly and as needed
World Health Organization	Coordination of drug management; designing norms	Policies for the supply and management of drugs and other pharmaceutical products; norms and directives	Working sessions, exchange of information and reports, participation in the creation and functioning of the national mechanism for coordination and management of drugs and HIV/AIDS-related laboratory products	Monthly
United Nations Population Fund	Sharing knowledge on mapping of interventions and gaps; complementarity and synergy	Their experiences in HIV/AIDS control; exchange of reports; mapping of interventions	Working sessions, harmonization of intervention programs, exchange of information	Monthly at first, then quarterly
Mission des Nations Unies au Congo	Sharing knowledge on mapping of interventions and gaps; complementarity and synergy; sharing experiences with ongoing gender, sexual violence, and HIV interventions in the country	Their experiences in HIV/AIDS control; exchange of reports; mapping of interventions	Working sessions, harmonization of intervention programs, exchange of information	Monthly at first, then quarterly
United Nations High Commissioner for Refugees	Sharing knowledge on mapping of interventions and gaps; complementarity and synergy	Their experiences in HIV/AIDS control; exchange of reports; mapping of interventions	Working sessions, harmonization of intervention programs, exchange of information	Monthly at first, then quarterly
Other International Organizations				
Organizations of the European Union (Belgian, German, and Italian Cooperation)	Learning the mapping of interventions and gaps; complementarity and synergy	Their experiences in HIV/AIDS control; exchange of reports; mapping of interventions	Working sessions, harmonization of intervention programs, exchange of information	Monthly at first, then quarterly

Partners	The Aim of Collaboration	Types of Information to be Shared	Mechanism for Coordination	Frequency
Clinton Foundation	Management of pediatric HIV/AIDS cases	Mapping of interventions; information about inputs	Working sessions, joint planning of activities, mid-term and annual reviews	Quarterly
USAID Partners				
University of North Carolina	Supporting PMTCT in Bas Congo and Kinshasa	Progress reports; work plan; list of maternity wards; project proposals; publication of research findings and success stories	Working sessions, joint planning of activities, mid-term and annual reviews, regular field visits	Monthly
PSI/Association Santé Familiale	Identifying, developing, and disseminating BCC messages in the target community	Progress reports; work plan; intervention zones and executing partners; audio-visual props	Joint planning of activities, joint supervision, exchange of reports and documentation on best practices	Weekly during the first six months; monthly thereafter
Communication for Change	BCC, social mobilization, training of trainers in intervention zones	Progress reports; work plan; intervention zones and partners; audio-visual props	Joint planning of activities, joint supervision, planning, exchange of reports on best practices	Weekly during the first six months; monthly thereafter
AXxes project	PMTCT, capacity-building	Progress reports; work plan	Working sessions, joint planning of activities, mid-term and annual reviews	Weekly during the first six months; monthly thereafter
MSH/SPS	Sustainability of development support; mechanisms for management of drugs and other laboratory products; pharmaceutical policy documents	Progress reports; work plan	Working sessions, joint planning of activities, mid-term and annual reviews	Weekly during the first six months; monthly thereafter
Health Systems 20/20	Protocol for research, investigation, and capacity-building	Progress reports; work plan; intervention zones and partners; audio-visual props	Joint planning of activities, joint supervision, planning, exchange of reports on best practices	Quarterly
World Food Program	Food Kit; support for agricultural projects run by the PVV, OVC	Mapping of interventions; criteria for eligibility; orienting intervention zones	Working sessions, joint planning of activities, memorandum of collaboration	Weekly during the first six months; monthly thereafter
Sub-beneficiaries of Projects by USAID Partners				
Femmes+	Care and support to PVV and OVC; treatment; CDV	Progress reports; work plan; intervention zones and partners; audio-visual props; monthly reviews	Joint planning of activities, joint supervision, planning, exchange of reports on best practices	Weekly during the first six months; monthly thereafter
Avenir Meilleur pour les Orphelins au Congo	Care, support, treatment, CDV	Progress reports; work plan; intervention zones and partners; audio-visual props	Joint planning of activities, joint supervision, planning, exchange of reports on best practices	Weekly during the first six months; monthly thereafter
Mobile phone companies	Raising awareness among subscribers; sponsoring some of our projects	Transmission of texts; priorities; policies; BCC messages; clarifying the mechanism for collaboration	Working sessions, memorandum of understanding	Monthly

Partners	The Aim of Collaboration	Types of Information to be Shared	Mechanism for Coordination	Frequency
Corporate Commitment for Local Development/ Minoterie de Matadi	PMTCT/PF, CDV, PLWHA	Progress reports; work plan; project proposals	Working sessions, joint planning of activities, mid-term and annual reviews, regular field visits	Monthly
Mutombo Hospital	PMTCT/PF, CDV, PLWHA	Progress reports; work plan; project proposals	Working sessions, joint planning of activities, mid-term and annual reviews, regular field visits	Monthly
World Production	Identifying, developing, and disseminating BCC messages in the target community	Progress reports; work plan; intervention zones and partners; audio-visual props	Joint planning of activities, joint supervision, planning, exchange of reports on best practices	Weekly during the first six months; monthly thereafter
Civil Society				
Union Congolaise des Organisations des Personnes vivant avec le VIH	Capacity-building for coordination of member structures	Mapping; membership; needs in capacity-building for advocacy; developing and managing AGR	Meetings, reports, joint planning	Quarterly
Comité InterEntreprise de Lutte contre le Sida (CIELS)	Gathering information on activities pertaining to AIDS control in the enterprises; reducing gaps; reinforcing CIELS capacity in leadership and coordination	Progress reports; identification of priorities	Exchange of experiences, meetings, working sessions	Quarterly
Religious organizations (Bureau Diocésain des Oeuvres Médicales, Eglise du Christ au Congo)	Care, support, treatment, CDV	Progress reports; work plan; intervention zones and partners; audio-visual props	Joint planning of activities, joint supervision, planning, exchange of reports on best practices	Quarterly
Media				
Okapi	Involvement of the media in the fight against HIV/AIDS; dissemination of project activities	Organization of media into groups for the fight against HIV/AIDS; airing of programs on health and AIDS	Working sessions, collaboration agreement, review of activities, progress reports	Monthly
Associations des journalistes Congolais	Involvement of the media in the fight against HIV/AIDS; dissemination of project activities	Organization of media into groups for the fight against HIV/AIDS; airing of programs on health and AIDS	Working sessions, collaboration agreement, review of activities, progress reports	Monthly
Radio and television stations	Involvement of the media in the fight against HIV/AIDS; dissemination of project activities	Organization of media into groups for the fight against HIV/AIDS; airing of programs on health and AIDS	Working sessions, collaboration agreement, review of activities, progress reports	Monthly

Appendix 4. Information and Data Flow Schematics

Figure 1. Information and data flow between the community and partners.



DIVAS = Division des Affaires Sociales.

Figure 2. Information and data flow between facilities and partners.